



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____

MULTI-FAMILY DWELLING

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A BUILDING PERMIT HAS BEEN ISSUED.

ADDRESS		CONSTRUCTION VALUATION \$		SQUARE FOOTAGE	DATE
DESCRIPTION					
OWNER		APPLICANT/ CONTACT		CONTRACTOR	
ADDRESS		ADDRESS		ADDRESS	
CITY/ STATE/ ZIP		CITY/ STATE/ ZIP		CITY/ STATE/ ZIP	
PHONE	CELL PHONE	PHONE	CELL PHONE	PHONE	CELL PHONE
E-MAIL		E-MAIL	LICENSE	E-MAIL	LICENSE
PRE-SUBMITTAL ZONING REVIEW: PRELIMINARY REVIEW ONLY – NOT AN APPROVAL		ZONE	OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	OK OTC <input type="checkbox"/>	BY: DATE:
COMMENTS					
<input checked="" type="checkbox"/> PROJECT TYPE	<input checked="" type="checkbox"/> STRUCTURE TYPE	<input checked="" type="checkbox"/> OTHER PERMITS		<input checked="" type="checkbox"/> ROOFING	
NEW	APARTMENT	WINDOW REPLACEMENT		AREA:	
FOUNDATION ONLY	CONDOMINIUM	# OF WINDOWS:		SF	
ADDITION & REMODEL	GARAGE & ACCESSORY BLDG	# OF BEDROOM WINDOWS		TEAR OFF WITH NEW SHEATHING	
ADDITION ONLY	GARAGE ONLY			CLASS 'A' COMP	
REMODEL ONLY	ACCESSORY BUILDING	SANDBLAST		CLASS 'A' BUILT-UP	
SITE IMPROVEMENTS	<input checked="" type="checkbox"/> GRADING & SHORING	# OF STRUCTURES:		OTHER:	
SEISMIC RETROFIT	GRADING			TEAR OFF: NEW ROOF COVER ONLY	
FIRE DAMAGE REPAIR	TOTAL CUT & FILL	OTHER DESCRIPTION		NEW CLASS 'A' COMP	
DEMOLITION	CY			NEW CLASS 'A' BUILT-UP	
CONDO CONVERSION	SHORING			OTHER:	
	BOND:			OVERLAY ROOFING	
	LIABILITY INSURANCE			COMP SHINGLES ONLY	
	POLICY #:			1-LAYER EXISTING	
	EXP. DATE:			BUILT-UP ONLY	
	OSHA PERMIT #:			1-LAYER EXISTING	
FIRE DEPT.		BWP/ WATER	BWP/ ELECT	PUBLIC WORKS DEPT.	
PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET IMPROVEMENT INSPECTION	
PLAN CHECK FEE: _____	FEE PAID: _____	FEE PAID: _____	CONNECTION CHARGE: _____	PERMIT NO. _____	
DATE: BY:	DATE: BY:	DATE: BY:	DATE PAID: BY:	CURB CUT WIDTH _____	
PARKS & REC.		PUBLIC WORKS/SEWER		RECURB (E) CURB CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
INTERCEPTOR REQUIRED:		BACKFLOW PREVENTION:		BY:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		SITE PLAN CHECKED FOR EASEMENTS	
DATE: BY:		DATE: BY:		BY:	
				PUBLIC WORKS DEPARTMENT REQ'D NOTED:	
				CHECK SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO	
				BY:	
PLANNING DIVISION (PLANNING APPROVAL GIVEN ONLY AFTER ALL OF THE ABOVE APPROVALS ARE OBTAINED)					
ZONE	PROJECT NO.	ENTITLEMENT DATE	BY:	COMMENTS	
APPROVED BY:	DATE:	FEE:			
I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED.					
SIGNED: _____		SIGNATURE OF APPLICANT: _____		SIGNATURE _____	
DATE					